

SERIAL NUMBER <div style="text-align: center;">09/122,874</div>	FILING DATE <div style="text-align: center;">07/27/98</div>	CLASS <div style="text-align: center;">296</div>	GROUP ART UNIT <div style="text-align: center;">3612</div>	ATTORNEY DOCKET NO. <div style="text-align: center;">AGRI-009</div>
<div style="display: flex;"> <div style="writing-mode: vertical-rl; transform: rotate(180deg); font-weight: bold; margin-right: 10px;">APPLICANT</div> <div> <p>CHARLES MILTON SCHMEICHEL, JAMESTOWN, ND.</p> <p>**CONTINUING DOMESTIC DATA***** VERIFIED</p> <p>_____</p> <p>**371 (NAT'L STAGE) DATA***** VERIFIED</p> <p>_____</p> <p>**FOREIGN APPLICATIONS***** VERIFIED</p> <p>_____</p> <div style="display: flex; justify-content: space-between;"> FOREIGN FILING LICENSE GRANTED 08/13/98 ***** SMALL ENTITY ***** </div> </div> </div>				
<div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"> Foreign Priority claimed 35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Allowance Verified and Acknowledged _____ <div style="display: flex; justify-content: space-between; font-size: small;"> Examiner's Initials Initials </div> </div> <div style="width: 10%; text-align: center;"> STATE OR COUNTRY ND </div> <div style="width: 10%; text-align: center;"> SHEETS DRAWING 5 </div> <div style="width: 10%; text-align: center;"> TOTAL CLAIMS 14 </div> <div style="width: 10%; text-align: center;"> INDEPENDENT CLAIMS 2 </div> </div>				
<div style="display: flex;"> <div style="writing-mode: vertical-rl; transform: rotate(180deg); font-weight: bold; margin-right: 10px;">ADDRESS</div> <div> <p>CURTIS V HARR</p> <p>P O BOX 2842</p> <p>FARGO ND 58108-2842</p> </div> </div>				
<div style="display: flex;"> <div style="writing-mode: vertical-rl; transform: rotate(180deg); font-weight: bold; margin-right: 10px;">TITLE</div> <div> <p>TONNEAU COVER TENSION ADJUSTER APPARATUS</p> </div> </div>				
FILING FEE RECEIVED <div style="text-align: center;">\$395</div>	<div style="display: flex;"> <div style="flex: 1;"> <p>FEES: Authority has been given in Paper</p> <p>No. _____ to charge/credit DEPOSIT ACCOUNT</p> <p>NO. _____ for the following:</p> </div> <div style="flex: 1; border-left: 1px solid black; padding-left: 10px;"> <div style="display: flex; flex-direction: column; gap: 5px;"> <div><input type="checkbox"/> All Fees</div> <div><input type="checkbox"/> 1.16 Fees (Filing)</div> <div><input type="checkbox"/> 1.17 Fees (Processing Ext. of time)</div> <div><input type="checkbox"/> 1.18 Fees (Issue)</div> <div><input type="checkbox"/> Other _____</div> <div><input type="checkbox"/> Credit</div> </div> </div> </div>			